



pumping essentials

Hold Reasons Glossary

For further information, please locate your
email's reason code on the next page.

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Aetna Benefit Max Reached

While verifying your Aetna insurance, the benefit estimator we use to determine eligibility indicated that you have already used your breast pump benefit. Typically, this means that you have already received a pump under the Women's Preventative Care benefit for this pregnancy, or within the last year. If you feel this is in error, please call Aetna to confirm when your last pump was billed, and if you are eligible for a new one. You can then respond to the email you received from us with this hold reason stating 1) The date you received your last pump, or that you have never received one, and 2) Provide a call reference number for your call to Aetna, as well as the representative's name. We will then re-verify your order and move forward.



Aetna Prescription Required for Future Due Date

Because your breast pump is being ordered so far before your due date, we often run into issues with no maternity claims being on file, and your breast pump claim will be denied. This is how Aetna determines if you are eligible for a pump or not. In these cases, we need to collect a prescription from you that we can provide as proof of pregnancy to Aetna to resolve the claim. Once you provide this prescription we can release your pump immediately.

If you do not want to provide a prescription, then we will put your order on hold and ship it out two months prior to your due date, after we re-verify your coverage. If your policy will term within that time, or you do not wish to move forward with your order, please respond to the email you received and state you would like to cancel your order – otherwise the pump will ship automatically.



Back Ordered

Our apologies! We are currently out of stock of your pump selection.

We are promptly re-stocking and we will automatically ship your order as soon as we receive our replenishment shipment.

If you are unable to wait, please contact our Customer Service Team via [email](#) or start a [chat](#) with us now.

We thank you for your patience during this time.



Co-Insurance and/or Deductible Applies (Cost Shares)

Your breast pump benefit is subject to deductible and/or co-insurance cost shares. This is usually because your plan is not ACA (Affordable Care Act) compliant or may only offer full coverage for manual breast pumps, which we do not carry. The good news is that your plan does show coverage is available under your Durable Medical Equipment (DME) benefit after you meet your cost shares. Once you provide your credit card to cover this portion of your benefit, we will move forward with your order.

HOW ARE COST SHARES CALCULATED?

If your policy does not require you to meet a deductible before using your DME benefit, then you would only be responsible for the DME co-insurance amount. The co-insurance percent would be deducted from the contract rate to determine the balance due:

EXAMPLE: 10% co-insurance. \$100 contract rate
=\$10 payable. \$90 covered.

If your plan requires you to meet your deductible before using your DME benefit, if your unmet deductible is more than the contract rate, you will pay 100% for the pump:

EXAMPLE: 10% co-insurance. \$100 contract rate. \$200 unmet deductible
= \$100 payable. \$0 covered

If your plan requires you to meet your deductible before using your DME benefit: If your unmet deductible is less than the contract rate, you will pay the balance of the deductible plus the co-insurance percent. But, you would never pay more than the contract rate.

We send a claim for all situations above, even if you had to pay the full 100% to meet your deductible. This is so that your insurance company can reduce your deductible by the amount you paid.



Need More Information

COORDINATION OF BENEFITS ISSUES

We have verified eligibility with the insurance company you provided, and they are informing us that there is a Coordination of Benefits (COB) issue that will need to be resolved before we can confirm your breast pump coverage.

What this means is: The insurance you provided to us believes you MAY have another insurance OR simply needs your verbal statement that you do not.

To remedy this situation, you need to call the Member Services phone number on the back of your insurance card and let them know that you have been alerted to a coordination of benefits issue, and you need it updated. They will be able to guide you from there.

After you have completed this process, please contact our Customer Care Team with an update via [chat](#) on our website, or by responding to the email you received, so that we can proceed with re-checking your breast pump coverage. Additionally, if you have any other insurance coverage besides the one you provided, please fax or reply to the email you received, with a copy of the front and back of that insurance card so this can be added to your account.

Your order has been placed on **HOLD** until we receive the requested information.

CONFIRMATION OF POLICY DETAILS

Some of the policy information you provided on your order is for a different member. Please provide the complete policy information for the member you intend to have billed for your breast pump. Please provide member full name, date of birth, and member ID.

Your order has been placed on **HOLD** until we receive the requested information.



Need More Information (cont.)

DOCTOR INFORMATION IS REQUIRED ON CLAIM - Need Name and Phone Number of your doctor

Some insurers require the Name and NPI of the prescribing or treating provider in order to file your claim for a breast pump. Your Insurer is one of them! Please provide your doctor's name and phone number, and if available, their NPI.

Your order has been placed on **HOLD** until we receive the requested information.

MEMBER ID IS FOR MALE – Provide Mom's Info

The policy information you provided on your order shows an insured male. Currently, per insurance rules and not ours, breast pump coverage is only available to females. Please provide policy information for the mother. The member ID may possibly be the same, but we will need the full name of the mother, as well as her Date of Birth, in order to process this order for a breast pump.

On some occasions, insurers incorrectly list females as males. If this is the case, please contact your plan to make sure their system has your sex listed correctly and let us when you have done so, so we can re-verify your insurance.

Your order has been placed on **HOLD** until we receive the requested information.

MEMBER NOT FOUND – Verify Plan, Name, Member ID and DOB

We were unable to verify eligibility for a breast pump with the information you provided at registration. Please provide the following items, even if you have already done so, so that we can check again: Plan name, Member's full name as shown on their insurance card or policy, Member ID, and Date of birth.

In addition, please respond to the email you received, with an attached copy of the front and back of your insurance card to assist us in finding your policy and benefits. If you would prefer to fax this information to us, you may do so at 888-506-2520.

Your order has been placed on **HOLD** until we receive the requested information.



Need More Information (Cont.)

OTHER INSURANCE FOUND – Provide Details

The insurance plan you provided shows that you have another active insurance plan. To move forward with your order, please provide the plan name and member ID for this other active plan.

If you do not have another active plan, please call the Member Services phone number on the back of your insurance card and ask them to remove reference to this additional policy. Please also collect a Representative Name, Reference ID, and date of call. After this is completed, please reach out to us by responding to the email you received with an update or by [chatting](#) with us online. Please also provide the call details above when you reach out.

Your order has been placed on **HOLD** until we receive the requested information.

NEED YOUR APPROVAL TO USE PRIMARY

During eligibility we discovered that you have two active plans. This was either because you provided us with both insurance plans information or we discovered it with the single plan information you provided.

To proceed, we need permission to use the plan that is truly your primary plan. This is because you must obtain your breast pump under your primary plan - breast pumps cannot be billed to the secondary (some exclusions do apply).

In addition to providing permission for use of the correct primary, please also let us know if you have used either plan to receive a breast pump in the past. If so, please provide an approximate date you received the pump.

Please provide this information by responding to the email you received or by [chatting](#) with us on our website.

Your order has been placed on **HOLD** until we receive the requested information.



Need More Information (cont.)

SHIPPING ADDRESS MUST BE UPDATED WITH BLUE PLAN

During our eligibility check, we discovered that your insurance plan has an address on file in a different state than you are requesting we ship your pump to. For us to be able to ship your pump and have your insurance claim paid, the address on file with your insurance plan must be in the same state you are requesting your pump be shipped to.

To change your address, please contact the member services number on the back of your card and ask them to update the address they have on file to the address you have asked us to ship to. During this call, please collect a Representative Name, call Reference ID and date you called. Once you have done this, please respond to the email you received or [chat](#) with us online to let us know it has been updated and provide the details above. We will then re-check your eligibility.

Please note - it is our experience that sometimes the member services side of the system updates faster than the provider services side of the system. The provider side is the system we see when we verify eligibility. Please be patient while these two systems 'talk' and allow a minimum of 5 business days for it to reflect. Our eligibility team will continue to track this update and alert you after 5 business days of your status – sooner if the system has updated.

Your order has been placed on **HOLD** until we receive the requested information.

TRICARE PO BOX – NEED STREET ADDRESS TO BILL

Although we will ship your pump to a PO Box, if requested, Tricare requires that we have a street address on the claim, or they will not pay it. Please provide a street address for claim use only.

Your order has been placed on **HOLD** until we receive the requested information.



Need More Information (cont.)

MORE INFO NEEDED

In order to proceed with your order, we need one or more of the following (please refer to your email for specific item needed):

- Baby's due date or date of birth
- Copy of the front & back of your insurance card
- Sponsor's social security number
- Tricare DOD Benefits Number (DBN) or Sponsor's DBN

Please provide this information by responding to the email you received or [chatting with us](#) on our website.

Your order has been placed on **HOLD** until we receive the requested information.



Primary Plan Adjustment - New Pump Choice

WRONG PLAN ASSIGNED AT REGISTRATION

An incorrect plan selection was made at the registration step, resulting in you being given different pump options than available to you under your corrected plan.

Your pump choices have been adjusted to reflect the correct plan found at the eligibility step. You will need to choose a new pump option for this corrected plan. You can make your new selection by following the link in the email you received with this update.

Your order has been placed on **HOLD** until we receive your new pump selection.

OPTUM VIVITY ANTHEM

You registered with Optum Medical Group CA as your insurance plan, however, you have been identified as a Vivity member. Vivity is an exception to the Optum Medical Group breast pump carve out. Anthem CA retains responsibility for breast pump coverage for Vivity members who belong to Optum Medical Group. Your primary plan has been updated, and your pump choices have been updated to reflect those available to Anthem CA members. Please select a new pump. You can make your new selection by following the link in the email you received with this update.

Your order has been placed on **HOLD** until we receive your new pump selection.

EMPLOYER RESTRICTIONS

Your plan has employer restrictions that affect the pump choices available to you. Your choices have been updated to reflect these restrictions and in order to complete your order, a new pump selection needs to be made. You can make your new selection by following the link in the email you received with this update.

Your order has been placed on **HOLD** until we receive your new pump selection.



Primary Plan Adjustment - New Pump Choice

HUMANA MEMBER WITH CIGNA NETWORK

Though you are a Humana plan member, your specific Humana plan uses the Cigna network for payment. Since Cigna has a different contract rate for breast pumps than Humana, your pump choices shown at registration have changed.

Your account has been updated to reflect the correct choices available to you, and in order to complete your order, a new pump selection needs to be made. You can make your new selection by following the link in the email you received with this update.

Your order has been placed on **HOLD** until we receive your new pump selection.

CUSTOMER REQUEST - CHANGE PUMP CHOICE

You've requested to choose a new breast pump. Please follow the instructions in the email you received in order to make a new selection.



Shipping Restrictions

Your plan has restrictions on how far before birth your pump can be shipped. We have figured your allowable ship date based on these guidelines, and your due date on file.

If you have a **“cannot ship until birth”** restriction and your baby comes early, please contact our Customer Service Team via [email](#) or start a [chat](#) with us now. We will re-verify eligibility and release your pump for shipment.

Eligibility will be re-checked just prior to shipping for all held orders. If your plan changes at any time during the hold period, please notify us so we can verify your pump options as well as remove shipping restrictions if they no longer apply.

Thank you for allowing
us to serve you